



**Office of Senator Kyrsten Sinema**

**Privacy Act Waiver**

3333 E. Camelback Rd., Ste. 200

Phoenix, AZ 85018

Phone: (602) 598-7327

Fax: (602) 957-0988

Thank you for contacting me for help! We respect your right to privacy and will not contact any agency about your case without your express written consent.

<b>NAME:</b> _____	Please provide the applicant's:
<b>ADDRESS:</b> _____	<b>SOC. SEC.#:</b> _____ - _____ - _____
City/State/Zip: _____	<b>DATE OF BIRTH:</b> ____/____/____
<b>PHONE:</b> _____	<b>AGENCY INVOLVED:</b> _____
Work/Cell: _____	<b>AGENCY CASE NUMBER:</b> _____
<b>EMAIL:</b> _____	<b>TAX YEAR:</b> _____

Veterans and Military Issues	
Branch of Service: _____	Rank and Unit: _____
Social Security Issues	
Type of Claim Filed: _____	Initial Claim Date Filed: _____
Reconsideration/ALJ Hearing: _____	Date Filed: _____ Status: _____
Immigration Issues	
Receipt Number: _____	Place of Birth: _____
A Number: _____	Application Type: _____

**What concerns are you having with a federal agency, what specific action are you seeking?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you contacted any other elected official to assist you with this problem? _____ (Name of Official)	Do you currently have an attorney working your case: _____ (Yes or No)
--	---

*I hereby authorize Senator Kyrsten Sinema or her staff, under the "Right to Privacy Act," to request and copy any information regarding this matter from identified agencies. I hereby release you from any liability that may arise by furnishing the requested information. I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true and correct.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Additional Signature (if required):** \_\_\_\_\_

☐ I authorize that a statement, interview, photograph, illustration, video, movie, and/or audio recording may be taken of me by Senator Sinema (and/or her staff) or by members of the news media regarding my case with Senator Sinema's office for the purposes of responding to a media inquiry, or for promoting Senator Sinema's constituent services.

*I would like to be added to Senator Kyrsten Sinema's electronic newsletter list*

☐ **Yes** ☐ **No** **Email:** \_\_\_\_\_